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**PROFIT CORPORATION** . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K14531

QUANTUM FORECASTING, INC.

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

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Principal Plac	ce of Business	Maili	ing Address			1 10810111 001 11011 01001	-	84841 01011 0	1(11) WINI (UNI	
1820 N.E. JENSEN BCH. BLVD. SUITE 643 JENSON BEACH FL 34957  1820 N.E. JENSEN BCH. B SUITE 643 JENSON BEACH FL 34957				LVD.		DO NOT WRITE IN THIS SPACE				7
US		US		•		3. Date Incorporated or Qua 02/05/1988	alifed	٠.		
2. Principal P	Place of Business	2a. N	Mailing Address .			4. FEI Number		Ap	plied For	1,
21		26	<b>3</b>			65-0050905	•	<b>——</b>	t Applicable	11:
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.	-		5. Certifcate of Status Desir	ed 🔽	\$8.75 A	Additional	\$
City & Stat	· · · · · · · · · · · · · · · · · · ·	27	City & State			- 0-151-141-0-1-151-1	and the second second		<u> </u>	1
23		28	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Finan     Trust Fund Contribution	cing	\$5:00 - Added t		
Zip	Country	z	<u>r</u> ip	Counti	ry	8. This corporation owes the	· <u>·</u>	_		'
24	25	29		30		Personal Property Tax.		Yes	Mo	4
	9. Name and Address o	f Current Registe	red Agent		4	10. Name and Address of I	lew Registered Age	ent	•	-
O1 III	NN DODERT C	C1215 3		8	1 Name					
	NN, ROBERT C. O'NE PINECREST LAKES	BLVD		8	2 Street Add	lress (P.O. Box Number is Not Ad	cceptable)			
JEN	ISEN BCH FL 34957	,		8	3					
				8	4 City	Control of the Control	FL	B5 Zip C	Code	
11. Pursuant office or r	to the provisions of Sections registered agent, or both, in t	607.0502 and 607 ne State of Florida	.1508, Florida Statutes Such change was aut	s, the abo	ve-named cor y the corporat	poration submits this statement fo ion's board of directors. I hereby	or the purpose of cha accept the appointm	anging its ent as re	registered gistered	
SIGNATURE	am familiar with, and accept the	ne poligations of, s	CDP	ua Statute	· .		1/9/99			
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if a		Registered Ag	ent signature requir	ed when reinstating) 🔥 🔆 👯	DATE		<del></del> -	🤅
12.		ERS AND DIREC		42		ADDITIONS/CHANGES T	O DEELCEDS AND I	DIRECTO	RS IN 12	⊺ິສ
			TORS	13.	•	ADDITIONS/CHANGES I	O OFFICERS AND L	J	710 111 12	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(561) 334 - 5956 1/9/99